

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/325,705
APPLICANT(S)
FILING DATE
6/4/99

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3	1					
4						
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49						
50						
TOTAL IND.	3					
TOTAL DEP.	4					
TOTAL CLAIMS	7					

TOTAL INC.			
TOTAL DEP.			
TOTAL CLAIMS			

BEST AVAILABLE COPY